. No.300	HLED DEC	27 1950	STANDARD CERT	IFICATE OF DEATH	State File No.	3346			
	BIRTH NO	~ .oo,y	REG. DIST. NO. 772	_ PRIMARY REG. DIST. NO. 2	8-17 Registrar's No	80			
	1. PLACE OF DE	<u>A</u> TH		2 USUAL RESIDENCE		stitution; residence before			
060	a. COUNTY	<u>ann</u>		a. STATE	Self vot mig min man i)	autorianton)			
<b>Ø</b>	b. CITY (II outside or TOWN 3	orporate limits, write	RURAL and give c. LENGTH O STAY (in this plant of the plant)		nits, write BURAL and give tow	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	~ 1 )	institution, give street address or location	d. STREET . OF THE ADDRESS	nil-styre location)	de la			
	3. NAME OF DECEASED (Type or Print)	a. (First)	b. Middle)	PARKER	4. DATE (Month) OF DEATH	(Day) (Year)			
NEN		COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Bpoods)	I 8 DATE OF BIRTH	.9: AGE (In: years   F. morr	DATE HOUSE MINS.			
FERMANENT	10a. USUAL OCCUPATIO	ON (Give kind of worling life, even if retired	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State or foreig	a country)	12. CITIZEN OF WHAT COUNTRY?			
<b>₽</b>	13a. FATHER'S NAME	Pak	13b. MOTHER'S MAIDE	N NAME 19. N	TAME OF HUSBAND OR WIT	E D			
MAKE	15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT'S SIG	NATURE OR NAME	ADDRESS			
	18. CAUSE OF DEATH		MEDICAL	CERTIFICATION		INTERVAL BETWEEN			
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR ( DIRECTLY LEAD	CONDITION DING TO DEATH*(a)	cinoma of a	lomach	ONSET AND DEATH			
CK	*This does not mean	ANTECEDENT C		9		1			
BLA	the mode of dying, such as heart failure, anthenia, etc. It means the dis-	Morbid condition rise to the above the underlying co	ns, if any, giving DUE TO (b) cause (a) stating use last.			-			
	case, injury, or complica-		DUE TO (c)		-4· · · · · · · · · · · ·	.			
NIGV	tion which caused death.	Conditions contributing to the death but not related to the disease or condition causing death.							
UNFADING	19a. DATE OF OPERA-1 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1								
-USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bldg., ste.)	21c. (CITY, TOWN, OR TOWNS	(COUNTY)	(STATE)			
	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21s. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	211. HOW DID INJURY OCCUR					
PLAINLY	22. I hereby certify that I attended the deceased from Nov. 27, 1950, to 10, 1950, that I last saw the deceased alive on 2, 1950, and that death occurred at								
12	23. SIGNATURE	Bun	lew m. Lo.	23b. ADDRESS	al Mo	23c. DATE SIGNED			
WRITE	24a. BURIAY CREMA- TION, REMOVAL (Bully)	24b. DATE	240 NAME OF CEMETER		ATJON (Oity, town, or coun	ty) (State)			
*	DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE 376	25. FUNERAL DIRECTOR'S	SI GHATURE AT	DRESS ,			
	MG. 13 19 JEG.	118	Cogswell 6	whilehel	Tuneral	Howe			
_	_		(Licensed Embalmer's	Statement on Reverse Side)					

DIVISION OF HEALTH OF NO. District No. 5 - Fratield RECEIVED DEC 18 1950 Dist. File 1250 - 2523

STATEMENT	BY	LICENSED	EMBAI	MER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

working under my personal supervision.

Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.